

MAIL STOP PATENT APPLICATION
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Sir:

Transmitted herewith for filing is the ☒ Utility ☐ Design patent application of:
Inventor(s): John L. Bala

For: ENDOSCOPIC IMAGING AND INTERVENTION SYSTEM

Enclosed are:

- ☒ 26 Sheets Of Specification
- ☒ 5 Sheet(s) of Drawing(s) Containing Figures 1 – 5 ☐ Formal ☒ Informal
- ☒ A Return Receipt Postcard.
- ☒ An Assignment Of The Invention
- ☐ A Certified Copy of a _____ Priority Document.
- ☒ A Signed Inventor's Declaration
- ☒ Small Entity Status Claimed by Applicant.
- ☐ Application Data Sheet.
- ☐ Other – Information Disclosure Statement with Form PTO 1449
- ☐ Other –

☐ If checked, this application is a:

- ☐ Continuation
- ☐ Continuation-in-part
- ☐ Divisional

Application of prior United States Patent Application No.: _____ previously examined by
_____ (Examiner) in Group/Art Unit _____.

For Continuation or Divisional Applications: The entire disclosure of the prior application, from which an oath or declaration is supplied, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

I, hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on October 15, 2003, and is addressed to the "Mail Stop Patent Application, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450".

Irene O'Brien

The filing fee has been calculated as shown below:

EXPRESS MAIL Mailing Label Number: EV 117 320 721 US Page 1 of 2

Date: November 21, 2003

☐ Design Application For ☐ Small Entity = \$170 ☐ Not Small Entity = \$340

☒ Utility Application With Fee Calculated Below:

☒ If Checked, Applicant Is A SMALL ENTITY.

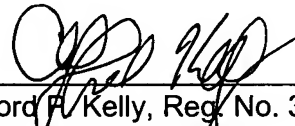
	No. Filed	CLAIMS		SMALL ENTITY		LARGE ENTITY	
		No.	Extra				
Total Claims	22	20=	2	x \$ 9 =	\$ 18.00	x \$18 =	\$
Independent Claims	3	3=	0	x \$43 =		x \$86 =	
Basic Fee					\$385.00		\$770.00
Multiple Dependent Claims Presented				x \$145		x \$290	
				TOTAL	<u>\$403.00</u>	TOTAL	<u>\$</u>

☒ A check in the amount of \$403.00 to cover the filing fee is enclosed.

☐ Please charge my Deposit Account No. 16-2563 in the amount of \$_____ to cover the filing fee. ☐ A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional required filing fees under 37 CFR 1.16 associated with this communication or credit any overpayment to Deposit account No. 16-2563. ☒ A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge fees under 37 CFR 1.16 and 1.17 required during the pendency of this application and to credit any overpayment to Deposit Account No. 16-2563. ☒ A duplicate copy of this sheet is enclosed.



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Date: November 21, 2003
Our Ref: BALJL/103/US